

**AMENDED Alabama Individual Income Tax Return  
or Application For Refund**

CALENDAR YEAR

This return is for the calendar year indicated above, or other tax year beginning

and ending

Your Social Security Number	Spouse's Social Security Number	File Number
First Name(s) and Initial(s)		Last Name
Current Address		
City or Town	State	Zip Code
Telephone Number - Home ( ) Work ( )		

a. Name and address on original return if different from above. (If same, write "Same")

b. Date original return was filed:

c. Check Form originally filed:  Form 40  Form 40A  E40  Form 40NR  Form 41 – Fiduciary (Estate or Trust)d. Has your Federal return been audited for the year being changed?  Yes  NoIf "Yes," attach copy of Federal report. If "No," have you been advised that it will be?  Yes  Noe.  Check here if the change pertains to a net operating loss carryback or carryforward.

PLEASE FOLLOW LINE BY LINE INSTRUCTIONS FOR COMPLETION OF THIS FORM		A. As originally reported or as adjusted (See Instructions)	B. Net change – Increase or (Decrease) – Explain on Page 2	C. Correct amount
<b>Income and Deductions</b>	1 Total income .....	1		
	2 Adjustments to income .....	2		
	3 Adjusted gross income (subtract line 2 from line 1) .....	3		
	4 <input type="checkbox"/> Standard or <input type="checkbox"/> Itemized Deductions .....	4		
	5 Subtract line 4 from line 3 .....	5		
	6 Federal income tax deduction .....	6		
	7 <b>Net income</b> (subtract line 6 from line 5) .....	7		
	8 Personal and dependent exemption or Fiduciary exemption .....	8		
	9 <b>Taxable income</b> (subtract line 8 from line 7) .....	9		
<b>Tax Liability</b>	10a Income Tax ( <i>including previous voluntary contribution</i> ) .....	10a		
	b Consumer Use Tax .....	10b		
	11 Total (add lines 10a and 10b) .....	11		
	12 Credits from <input type="checkbox"/> Sch. CR and/or <input type="checkbox"/> Sch. OC .....	12		
	13 <b>Net tax liability</b> (subtract line 12 from line 11) .....	13		
<b>Payments</b>	14 Alabama income tax withheld .....	14		
	15 Estimated tax payments .....	15		
	16 Amount paid with return .....		16	
	17 Other payments .....		17	
<b>Total</b> (add lines 14 through 17) .....		18		
<b>Refund or Balance Due</b>	19 Overpayment, if any, as shown on return (or as previously adjusted by Alabama Department of Revenue) .....		19	
	20 Subtract line 19 from line 18 .....		20	
	21 <b>BALANCE DUE</b> . If line 13, column C is more than line 20, enter difference. <b>Pay in full with this return.</b> (If applicable, include interest from due date and penalties.) Tax \$ _____ + Interest \$ _____ + Penalties \$ _____ =		21	
	22 <b>REFUND to be received</b> . If line 13, column C is less than line 20, enter difference .....		22	
<b>Please Sign Here</b>	<input type="checkbox"/> I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			<b>RECEIVING STAMP</b>
	Your signature		Date	
	Spouse's signature (if filing jointly, BOTH must sign even if only one had income)			
<b>Paid Preparer's Use Only</b>	Preparer's Signature ►		Date	
	Firm's name (or yours, if self employed) and address ►			

**EXPLANATION OF CHANGES TO INCOME, EXEMPTIONS, DEDUCTIONS, AND CREDITS.**

Enter the line reference from page 1 for which you are reporting a change, and give the reason for each change. Attach applicable schedules.

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**MAILING INSTRUCTIONS.** Mail this return to: Alabama Department of Revenue  
Individual and Corporate Tax Division  
P.O. Box 327464  
Montgomery, AL 36132-7464

**Do Not** mail your current return with Form 40X,  
it must be mailed to a different address.